Strategic Plan Workgroup
Draft Transcript
March 9, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director
Great, thank you, welcome, everybody, to a conference call the Strategic Plan Workgroup. This workgroup is operating under the Offices of the Federal Advisory Committee. That means that there will be opportunity at the close of the meeting for the public to make comment. Let me do a quick roll call. Paul Tang?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Jodi Daniel?

Jodi Daniel – ONC – Director Office of Policy & Research
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Paul Egerman?

Paul Egerman – eScription – CEO
Good morning, yes.

Judy Sparrow – Office of the National Coordinator – Executive Director
Deven McGraw? David McCallie?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Present.

Judy Sparrow – Office of the National Coordinator – Executive Director
Charles Kennedy? Carol Diamond? Art Davidson?

Art Davidson – Public Health Informatics at Denver Public Health - Director
Present.

Judy Sparrow – Office of the National Coordinator – Executive Director
John Lumpkin? Steve Findlay? Jim Walker? Eva Powell's on for Christine Bechtel?

Eva Powell – National Partnership for Women & Families - Director
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Mark Frisse?

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

Good morning.

Judy Sparrow – Office of the National Coordinator – Executive Director
Cris Ross?

Cris Ross – MinuteClinic - CIO
Good morning.

Judy Sparrow – Office of the National Coordinator – Executive Director
Steven Stack?

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Janet Corrigan? Penny Thompson? Don Detmer?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Good morning.

Judy Sparrow – Office of the National Coordinator – Executive Director
Patricia Brennan? Connie Trenkle? Marc Probst? David Lansky? Did I miss anyone? Okay with that, I'll turn it over to Paul Tang and Jodi Daniel.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Good morning and welcome, everyone, to our final call before we present our work to the full committee before the public hearing, and it's before, before, before. I think this time, we've been through the updates, we've revised it based on our call last time, and we're trying to cause us to step back a bit and ask some overriding questions, and did we get it all and did we get it all right so to speak?

So we put before you a set of questions that do we have the set of strategies? What's the federal role in all of this? Is it clear? Does it present a compelling case for the public? And if we have time, how would we prioritize things? Jodi, do you want to have anything else to add?

Jodi Daniel – ONC – Director Office of Policy & Research
I would just say that what we were talking about doing is perhaps if folks do have any, rather we didn't want to spend today just doing walk through and wordsmithing; but if at the end we have time if folks have some comments, they can share them with us or people can e-mail us with any comments on little knits that they want to correct. But we really wanted to focus sort of big picture and make sure that we have a comfort level and clear direction for the entire document as a whole rather than each little word in each little part.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Exactly. So this is the time just to step back, we've been in the details so much and often times it's easy to miss the bigger picture, either in presenting the bigger picture or pieces of the bigger picture.

Let me open it up then for the first set of questions that really have to do with, do we have a complete set of strategies for ONC to take us through the next few years anyway on the way to a longer term sustaining role of information and information technology in supporting our health system?

Jodi Daniel – ONC – Director Office of Policy & Research
And does everybody have the agenda, should we read up the questions or does everybody have it?

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Paul, this is Mark Frisse, may I make a comment?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Sure.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
I think the document is sufficient. I think it's done a good job of juggling a lot of conflicting ideas, and particularly in addressing the long-term uncertainties. We don't know where it's going. The difference between this document and the last document, the last strategic plan, in my view is that it's not trying to be all encompassing, but it's trying to stay focused on the legislation and the things that ONC really knows it has to do.

And so I know the last document had a different set of priorities, a different set of drivers if you will, and then a very different set of comprehensive review that kind of changed the nature of the document after it left ONC or that's what I suspect, but this document tries to stay more focused. So I would say that to the extent it stays focused on those things that ONC we know must do and create the right balance, which I think it does about addressing long-term uncertainties ... because I don't know how you can possibly be completely comprehensive and address all these issues in an uncertain world without it kind of looking like it's a giant piece of a thousand-page legislation. So I just want to applaud the people who worked so hard to do it.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Thank you, Mark.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Paul?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
This is Don Detmer.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
The day, back when, a few meetings ago, I had mentioned altruism, and the day that I was on that call for some reason I was put into the public box and was trying to comment, but couldn't get through because I wasn't part of the group. So anyway, by the time I figured it out and finally got back on, of course, folks had moved on to other items. So I'd like to loop back if I could, just a minute, and at least add this to the discussion since I couldn't do it at that point.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Sure.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
The deal was, what I would like to see done, I think that we're trying very hard to protect the privacy of personal information, which I think is a very laudable thing, but also one of the themes that I think is really important in America is the capacity for people to behave altruistically. We donate blood; we offer organs for donation and so forth. We believe in research, but we also believe that people have the right to not participate in research if they don't care to.

I think as a matter of government policy, part of the government strategy should be to give due attention to helping people if you will pay attention to their better selves, pay attention to the collective good that's at stake in illness. I've practiced medicine so long that obviously I stood helplessly at bedsides when people died, and then ten years later saw because of research kids with leukemia living for essentially normal life spans, and liver transplants and heart transplants and so forth. And I think that one of the things that concerns me is that we don't currently allow people to choose to have for example a personal health identifier if they want one.

I just checked with John Lumpkin for example, up in New England, in the Boston area, and now in New York, people are choosing to have their data shared among caregivers at the level of 90%. So the fact to the matter is, although they're clearly obviously many people who are deeply concerned about privacy and everybody wants to have their data protected, at the same time, it strikes me that as a matter of government policy I don't see any reason why we shouldn't also have part of our strategy, not to present barriers to citizens, who actually are interested in sharing their information and are quite comfortable to do that. They're willing to take that risk and they'd like to do it.

Now I don't know quite how we put this into the thing, but I didn't have a chance to express that when we were, and I can see why it was just dangling out there, I'm not troubled at all about why it happened as it did, but those things I think are really the missing point. I think that we should protect and give protections, but I don't think we should force privacy to be more important than health, more important than freedom, and I think actually right now government policy moves in that direction. There's a lot of reports that show the HIPAA one and now HIPAA two is going to make it more difficult to do research.

I don't think the government really plans to do that. I don't think the citizens really want that. Some clearly are so concerned about their data that they don't want to share it. But somewhere upwards of 80%/90% of people really see these as social goods, but I don't think our government policy and our strategy is currently actually supporting that. And I don't know how we do that at this late date, but at least I get it off my chest at the minimum.

Jodi Daniel – ONC – Director Office of Policy & Research
Don?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Yes.

Jodi Daniel – ONC – Director Office of Policy & Research
This is Jodi, one question as a possible way of addressing your point. I think of what I hear you saying is that we shouldn't be focused so much on privacy that we're coming up policy that's focused on those proportion of individuals that are concerned about their information getting out at the expense of those, the policy, to support those who actually want to share their information for altruistic purposes.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO

Well or even want to have a personal health identifier, by the way, because it helps protect their privacy. When I was on the commission for Bush's interoperability commission, one of the people said right after that, we talked about that at the AMIA meeting, my name's Mary Smith, when can I in fact have a unique identifier? There are a lot of Mary Smith's out there, and I'm both interested in this for my safety, not getting some other Mary Smith's data in my record that then a doctor might pay attention to wrongly, but also sharing my Mary Smith data with another Mary Smith. So it's not only even privacy, I think there are even social good, I think there are even some of our policies and procedures, really aren't even doing particularly well at what we're trying to do. But coming back to your point, yes.

Jodi Daniel – ONC – Director Office of Policy & Research
Let me suggest one thing to my first point and then I'll address your second point. If you look at the principles under theme three, the second one was trying to address this and maybe we can beef this up a little bit, that solutions should enhance privacy and security while facilitating appropriate access using the exchange of health information to achieve health outcome.

And the discussion in the smaller group that was trying to come up with these principles was privacy isn't the end goal, privacy is something that we need to support, but we also need to support access. And to the extent that consumers want information to flow, we're trying to improve healthcare and coordination of care, and that is about improves access to information. We were trying to address that there. I'm proposing that maybe we can add something in two that's a little bit stronger to get to your point.

On the unique patient identifier, this is going to get to our conversation I think about the federal role. Right now that's something that is challenging for the Federal Government to do, because there is a band on us creating a unique identifier for patients by Congress, so that's not something that ONC can take on; that being said, there is nothing that I'm aware of in any of our plans, any of our activities, that would preclude others to develop a unique identifier, make it available voluntarily, and this goes to a question of the federal role versus other stakeholders role.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Yes, I think that would be terrific, because the fact is that obviously initially it was part of HIPAA, so it wasn't like at one point that wasn't federal policy. And secondly, I think even just looking at voluntary ways, we can call for example and say, "I don't want to have a marketer call me at dinner." It seems like that's pretty trivial in comparison to this sort of thing.

Paul Egerman – eScription – CEO
This is Paul Egerman. It's an interesting issue. This also was raised through the piece on patient safety series and discussions, and this variation of exactly what you've said was raised as a concern about interoperability. And it is also very interesting that it was raised similarly by a physician who was getting frustrated with how things work.

I do think that what you said, Jodi, perhaps expanding theme two a little bit is the right approach, because we have to work with also in the context of the legislation. The legislation has a big section called out about privacy too, so it's an interesting challenge.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Well, yes, and I think, Jodi, I think you're right, I think it's good. I think there's a general point I'd like to see in there somewhere, because it's a general issue, and then there are some specific issues where some of it is precluded by current policy. But I think some of it also, I just don't know that we're working, stay up as late at night thinking of ways to give Americans opportunities to essentially be good, as well as be scared.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. I think there's a nice sentence in that theme three under principle number one on individual choice, which I think gets, Don, at what you're driving at. It reads, "Individuals should be provided a reasonable opportunity and capability to make informed decisions about collection use and disclosure of their data." Perhaps that point should be elevated a little bit, meaning that the real goal is choice, and privacy can be one of your choices, sharing data altruism could be a different choice.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Yes, I think that would be great. For example, I wish I had an opportunity to just say, "Yes, you can use my data for IRB approved research, that's fine. I'm an old guy, I think it'd be great, but I can't do it."

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Well now you can, you get your own copy of the data and that's the other point I wanted to make is unequivocally you get a copy of the data that you can do with whatever the heck you want ... through it with others.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
No, I'm sorry, I can't do it so that the system knows that I've done it. I have to do it individually. What I'm saying is there's policy that's clearly driving it collective toward privacy. There's not policy that is allowing us to collectively drive for these other kinds of health enhancing collaborative public good decisions.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Don, Mark, here, may I ask, that's true, but the spirit of this in my view is there's not policy or a law that prohibits other organizations with very large reaches from creating that kind of environment you want in making it a lot simpler to do. I mean, the point to me—

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Sure, but it doesn't matter, federal option, what I'm saying is—

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
No.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
We have federal mandates on the one side, why can't we have federal mandates or at least options on the other, that's all?

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Yes, but the federal, I'm just making a stronger point that in my read of much of this, the Federal Government says there are certain things that one prohibits, but it doesn't try then to say, "We prohibit automobiles that are unsafe," but then doesn't try to make automobiles. So they're probably too much in the weeds in philosophy, but I understand that. But I don't think there's any legislative imperative or anything else that would say that ONC in its plan should try to be more proactive other than like it is through NHIN and other ways to find people good consensus ways to do it. I just don't know how else to do it.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
That's just the way we've done it. I think in the UK for example, they've looked at research as a separate issue from their general regulation.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Sure.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
And they didn't put it all into care.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Yes.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
And we haven't done that.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
That's correct.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
And that's why I think we have this and it is a problem. There's any number of groups that say, and I think the minimal data set things and minimum necessary things are going to be even more problematic.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Yes, that's true, but I think that we have to stick to what is. I'm sorry, I'll be quiet.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Don, this is Paul Tang, I just wanted to thank you for articulating the message behind your word that you mentioned a long time ago. I don't think many of us appreciated the rationale of what you meant by altruism when you said it in our earlier call, and I thought your sense what you discussed on this call was very well articulated. And I almost think that some version of that could be used as part of the preamble to theme four, the learning health system. I just thought that you stated it so well.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
... I think if we're going to have a learning healthcare system, we need to facilitate people being part of the learning community, and anyway, I made the point, thanks a lot, Paul. I just needed to get, as I say, say it, because I couldn't the other day.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
And the other thing—

Patti Brennan – UW-Madison – Moehlman Bascom Professor
This is Patti. Yes, I'd actually to--

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Let me finish one—

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Sure.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Let me just finish one thought, I do think that we can have our cake and eat it too on this, because I think if we do protect people's information from things they didn't want to have happened to it, then I think we

will truly open the door to what you want. But we didn't say it that way, and I think that's what your point is, Don, right?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Yes. So Jodi, I think I'd be happy to even work offline, but I think you've got the spirit of what I'm trying to get at.

Jodi Daniel – ONC – Director Office of Policy & Research
Yes, I think Paul and I have it and we'll try to come up with a way of incorporating as a concept in the document. Thank you very much, Don.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
And actually, if we had the transcript of what Don said, that actually would be a nice way to start us off, because it was just so well articulated. And Patti Brennan, I think that was you?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Yes, that's me. I like the idea of including the sentiment broadly in the document, but I would actually make sure we insert it also as one of the principles for theme three. Because the principles for theme three speak about privacy and security, excuse me, themes two and three within those principles, talk about flexibilities revolve, the technical standards, and privacy enhancing, not interfering with health exchange.

It would seem to me that adding a principle that it said something to the effect of seeking policy protection that also affords new knowledge development or response to the population level opportunities for better understanding for health should be in here. Right now this section seems very restrictive to privacy and security as it relates to data exchange about my individual healthcare and individual situations.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Thank you.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
The burden of proof is on preventing harm rather than mandating good. I think the lack of—

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
I'm not ... about mandating, I'd like to mandate option.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Well, and that's why—

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
I am not mandating option.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
And that's why I would focus on the word of choice, consumer choice it troughs both privacy and altruism. If we focus on giving you the ability to choose what to do, what you want to be done, then you'll choose the right thing on average. It's when you're restricted from choosing something that we get into trouble or when people can take advantage of your data in ways that you can't prevent, that that's the harm that we prevent.

I'm totally am in agreement with adding an emphasis on your point, Don, I just think that it's choice is the driver.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Yes, and it is, I say though as far as what I think is as a matter of strategic direction, I'd like to see some opportunity for if you will population choice from the government side, not just individual. Because if you have global mandates on privacy at the federal level, but you one by one by one can have an option to do something, that tilts the table clearly toward an imbalance between these various social goods.

Eva Powell – National Partnership for Women & Families – Director IT
This is Eva, just speaking up, because I know that Juan Casine is not on the call, but also Carol Diamond and David Lansky and Deven aren't, or at least they weren't in the beginning of the call, I would have to agree with the notions about choice. And I would also draw the connection between the openness and transparency piece of this as well, because you cannot have true choice if you don't have all the information that you need to make those choices.

And in the spirit of what Don was saying, I think that's true that the people need to be able to choose what they want to do and many people will choose to be altruistic, but that needs to be a real choice, not some sort of manufactured one or one that's based on partial information. And it's all captured here I think in the principles under theme three.

But the other thing I would say just on this issue of research is that as we get more into the electronic environment, and I know this is something that Carol Diamond at Markle has talked about a lot is that the lines between research and the point of care and quality improvement are going to blur. And they're already becoming blurred and they will only become even more blurred as we get into the electronic environment, and that creates new issues or requires thinking about privacy and security in a slightly different way. And so that's just an observation and not really an answer to anything.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
I think that's a very good point and in fact maybe, I don't know if there's a place in this where we can speak to some of these issues that if we're wanting to move toward a learning system. There are some areas that current policy is really not helping us right now, it's pretty muddy. And I think whether there are areas we're highlighting for future work as part of the strategic document, clearly I think that is one; to some extent, the difference between the quality and research is at times suspicious and at times very real. And I think that an excellent point was just made.

Paul Egerman – eScription – CEO
This is Paul Egerman. I'm listening to what you're saying, it is an excellent point, because also I'm starting to think that maybe what is needed on some of these issues is continued public discussion debate too.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Absolutely. I think that's a really good point, because I think we need to be creative. I don't think anybody assumes one, that we have the right total fix on this. We're not assuming that. We're talking about as Frisse said, a story in progress. But I think highlighting a few of these areas could be really, do a public service on this, if it would fit in the document, and that I don't have as good a view overall as Paul and Jodi do.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
Paul?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
This is Steve Stack. If I could offer two thoughts, the first is in line with your request for the high-level stuff for in support of what Mark Frisse said, but in a little bit different way. As I have read this document and participated in this group, I think it is a very good work product, in the standpoint that you have a very broad base of participation here representing, the stakeholder term I'm not sure I'm fond of, but numerous people who are looking at this from different perspectives. And we have really arrived through a pure consensus process at a document that hopefully in balance, none of us read with alarm, and many of us read to be a good work product. So I think perfection being the enemy of good sometimes, I haven't looked at this trying to get it perfect. I think we've achieved quite a bit getting this much consensus, and that probably in and of itself means it's probably been done fairly well. So anyway, I'm proud of the work that the groups done.

The other comment I would like to make, if you'll forgive me, this is a little bit tangential, but it is really germane to the discussion we just had. I'd encourage everybody here, I never heard of this guy before, and in the last three days, he's come up in two completely unrelated settings. But to Google a lecture by a man named Dan Ariely, and if you type in Google, Dan Ariely, are we in control of our own decisions, it'll take you to this thing called TED Lectures, and it's a 17-minute lecture. And I'd encourage you to watch it for multiple reasons, but one of which is a specific example he uses in there, and it has to do with organ donation in different countries across the world.

And some who have almost no adoption of organ donation, others that have a hundred percent. And the entire difference, forgive me if some of you have seen this already, but the entire difference between these countries or at least in principle, the citizens all have the choice, whether they choose to be organ donors or not. But when they go to the Department of Motor Vehicle, the entire difference is whether it is an "opt in" or an "opt out" system. So you check the box, I wish to be an organ donor, or you check the box, I do not wish to be an organ donor. Everybody has the same choice, there's no curtailing of individual liberties or freedoms, but it's the way it's constructed.

And the reason I bring this up for the comments that Don Detmer just made and then we had a discussion, is if we really want to advance a learning health system, if we really want to help make information a resource to the betterment of both the individual and the society as a whole, we really want to advance and foster those things, preserving the rights, freedoms, liberties, and protections is an imperative and an essential. I think there's wide consensus on that. But how ONC, HHS, and the government ends up executing this will make a profound difference. Because of the way the human mind works and how we make choices as to whether this takes off and enables and facilitates care or becomes just a burdensome irritation that we scratch our heads five/ten years down the road, and say, "Gee whiz, we wrote these great documents, so why didn't anything good come of it?"

Anyway, I think how we construct this is very, very important. I could give other examples, but this has been long enough, and if you watch that 17-minute lecture, I think you'll find it enlightening for how we choose to go forward as we execute on these things in the coming years.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
It's a wonderful set of comments, I don't plan to dominate the whole morning, but I really appreciate the comments. As I say, upwards of 89%/90% of people opt in, this raises the issue if you can opt out, anyway.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Steve, that was another wonderful articulation of an important and probably the future looking segment of this whole document and recommendation's for our strategic plan. I think I heard both you and Mark Frisse say, we've got a lot of different stakeholders represented and different perspectives represented during the process of creating the document, and both of you mentioned that. And it's one that fairly represents those and that we can be proud of, but it's, and the undertone is, it's compromising and following some of this of finding commonality amongst a diverse set of people and perspectives.

What I heard also from Don and you Steve is, and there's the piece that's opening that turns it into a new area that truly I think exciting is how do we use this vast new resource? And if the technology allows us to capture and manipulate this resource, which is health data to the population, and that can bring us to a different level provided. And I think the caveat on it is, and I think that's what this group means when it discusses privacy and security is, the good that could come of this can be enabled as long as we protect it in a fair and responsible way.

And a lot of times the discussion says, well let's go protect it without putting the context that I think has been raised so well by the conversation this morning. I'm very excited about one, that I think we've got a platform or a foundation and it's a fair representation, but also the direction the conversations taking us to, which is truly creating a learning system as long as we get all these other infrastructure pieces correct. So Frisse, so thanks for mentioning that, both of you.

And I think actually one way to incorporate that in the document is something like a preamble to theme four, perhaps even for the whole document that this is the direction we're going in, this whole learning system. Because actually, we use that term in the vision, so maybe we put the preamble after the vision to explain what we mean by a learning system and what is required for us to create that. And it's everything from the protocol standards, the privacy and security protections, etc., but also we'll want to move on.

And I'm certainly going to look at that video, because I think that the analysis is very much like Don raised, which is to just give people a choice. In fact, it's true actually, the choice is mandated, so you cannot get your license in many states without declaring, yes or no, and it doesn't say which answer, but you just have to declare. Interesting.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
I'm sorry, not to delay this, but the one specific facet, Paul, is just that apparently in the science that this guys does, he's an MIT professor, there's a certain amount of intellectual energy you have to take to undertake a decision, period.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
And so the default is a massively powerful tool. I heard him on national public radio yesterday, which was ironic, I never knew the guy, I heard him two or three times in the last two or three days, talking about physicians with electronic medical records. So I will use this example, because it's directly germane to what we're doing here.

And when they had order sets in these electronic medical records, and when it was a blank order set, and it said physician choose which test you feel you need to do versus when a standard template order set is

offered to the physician; that overwhelmingly when offered with a pre-filled in order set, and I'm distorting this a little bit, but say maybe a physician picks the chest pain order set, the physician will use the pre-populated order set. Which a lot of us in quality improvement believe is a good thing, because we're trying to drive behavior to not miss things or overlook things and to practice more standardized medicine. So we believe those are all good and they probably are. But what it did was on average when they did this hypothetical exercise, the physicians with a pre-populated order form spent $1,300 more per patient than the physicians who had no pre-populated order form.

So the point is as we look at cost, which is important in the central aspect of how we use health information technology, is how we construct these systems, which will automate so many of these things has an enormous impact into whether those things, not only help improve the quality of care and standardized care, but also whether they help to improve the value equation. And by that I mean, do we get the same or better results and outcomes using similar or less resources?

So how we construct this has a lot of implications, particularly as you roll this out across the nation. And anyway, so that was the point, Paul, which principally, we have to really be a tuned to the way we frame the execution, not just whether it has theoretically protected people, because I think it is alarmingly—

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Powerful.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
--overly ... as I'm learning a little bit more about this that we really do think we make choices ourselves, when in fact, others can manipulate those choices so easily.

Jodi Daniel – ONC – Director Office of Policy & Research
This is Jodi. I was sitting in the room as you were talking about the first guy, the first lecture, I was telling folks about the ... on this, which obviously had a significant impact on a couple of us.

So let me turn this into a question about the comprehensiveness of the document, which is, we have an objective in theme one about improving efficiency in the healthcare system, that's objective six in theme one. And the question is, is whether talking about a meaningful use roadmap is enough on that topic or if there should be a strategy or sub-strategy or something focusing on looking at how EHR products, implementation, whatever can impact cost or efficiency in care?

I was having the very same thought about an impact from that report, and I'm wondering if that's something that the group feels should be more explicit or if it's captured sufficiently? And I'm thinking this probably belongs in theme one if it is anywhere, because we do have an objective targeting efficiency in there.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I'm interpreting Steve's comment a little bit differently. It's not so much about the cost, he had a very distinct example where you could have something, an order set is the example. And it can completely cover the basis, i.e., you don't overlook things, but it can cost more than it needs to for this patient.

So it's also along the lines of our safety hearing, so if we have a tool that can be built better or not, but we also have a way of configuring this tool, we call it build, that can make things better or not, and that, we need more research on.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO

Yes, as far as the learning.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Exactly. And because of the power of these implicit choices, whether it's the DMV or the order set, where essentially the people who are coming together to build this thing, to configure this thing, are making choices for the rest of us. And that also falls along with what Don is saying, it can be for better or worse.

And the traditional way or the typical way these things are built is to assemble a bunch of folks who may know some of the medical practice, but usually don't know anything about the tool. And you inadvertently create something you did not intend when you assemble a bunch of people, and this is a great example, the order sets, you get this comprehensive order set that doesn't actually advance care for individuals. So that whole topic seems to be front and center of learning how to use a powerful tool and a powerful database of health data to do good.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Yes, and I think to just to make a long story longer, obviously the secret of this is not in the technology, it's in the dance between human behavior and human cognition and the technology.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Absolutely. What do other folks think, are we headed in the right direction in terms of where once we get through all of this, putting this tool into place, where do we head with this valuable new resource? Is that an appropriate emphasis area for this report and plan?

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Well, it's certainly consistent with our comments about driving toward continued learning.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Other folks?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
I'm not sure I understand your question exactly, Paul, do you want to restate it?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Sure. A lot of this, both the current activities, and there's just so many activities going on with ONC associated with high tech, and the things that we described in our strategic plan, mainly themes one, two, and three, have to do with laying the infrastructure and putting in place this tool. Is that, and maybe that's the appropriate, and Mark Frisse sort of said that, maybe that's the appropriate emphasis for ONC and the Federal Government in the next few to several years.

The other emphasis area is really theme four, the whole learning, and we described learning in quite an expansive way this morning, and what does people think about placing the emphasis on what we have to do in the next three to five years versus the learning side?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Well, I don't think it has to be totally either/or.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I agree. I didn't mean it that way as it came out, but I think you get the point, I mean, where do you—

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO

I already see that we do have some things that are quite urgent, but I'd say a few years. Years is ultimately a lot of time.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. I won't express this thought with the eloquence that Don expressed his thought, but one thing that strikes me as possibly missing, and I don't know that it needs to be in here. But if you take the analogy of the Internet, which started out standardizing the ability to move this data around with simple protocols like HTTP and simple encodings like HTML. What emerged from that were a number of amazing and I would say mostly unexpected things like eCommerce, social networks, just kind of really reorganizing the way we live our lives.

So if we build this network or if we enable the creation of this network and these new resources, do we want to enumerate some of the things that we think might emerge in that space above and beyond just the quality efficiency issues that are always in front of healthcare professionals?

And so for example, what kinds of new healthcare commerce could emerge, is that something we should talk about? What kind of, just take the direct analogy from the Internet, social networking issues that or capabilities that could emerge on top of this infrastructure?

And I don't know that we need to enumerate those things, because it's kind of crystal ball gazing, which doesn't usually work very well. But if there's a nod maybe towards the emergence of unanticipated beneficial forms of commerce and activity on top of this infrastructure above and beyond just quality and efficiency.

Cris Ross – MinuteClinic - CIO
Yes, David, this is Cris Ross, I agree, and I hope this comment doesn't do damage to what you're trying to say. Because the only issue that I have with this document at this point is that the vision to me seems to be a bit vague at this point and a little ill formed. And then of the themes and objectives and strategies read to me sort of like a to-do list. And I'm feeling a little bit of disconnect between the vision, which says we're going to have a learning health system that has certain attributes and how well that's connected specifically to the themes. And I'm not saying that it's not connected, I'm just not sure it's articulated very well.

So David lists a couple of things like it may develop new ways of practicing medicine that we can't even anticipate today and we should be ready for that. And I think it would also be important to say when you introduce automation into a system, all sorts of economies rise, but also a lot of risks arise, and we should be attentive to those. So to me I think a place where I'd like to get to, the kinds of things that David's talking about and maybe a couple of things that I just added, are somewhere in the way that the vision around a learning health system connects to the pieces down below.

And I'd offer one other sort of little knit pick, the vision statement is missing a verb. It says, "A learning health system that is patient centered," are we—

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
...

Cris Ross – MinuteClinic - CIO

--making a declarative sentence? Are we saying that, what's the verb that's relevant? And if this is a strategic plan, it desperately needs a verb. So sorry for going on long here, I can only participate until the top of the hour here unfortunately, but that was a comment I wanted to get in. Hopefully, I didn't just clobber David's great idea with kind of a goofy one.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes.

Cris Ross – MinuteClinic - CIO
But I'm hoping that we could connect the vision down to the themes a lot better before we're done.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes, no, Cris, that was well said, better said than I did, thank you.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Actually, I think the vision is a destination, so it is a noun, just a comment on that piece. But I think what you mainly said was, if that's the destination, it is not clear that we set out to pave the road to that destination. And I think it is true that that's what themes, especially one through three do, but we did not state it, and so you were right on as far as what we need to do in the preamble to the whole document I think.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Another, just a vague analogy to the Internet, just maybe for the purposes of stimulating analogous thinking, which is sometimes useful, if you refer to NHIN as the NHIN, it conjures up certain capabilities in use cases. If you refer to that same thing as the Health Internet, it conjures up a completely different set, at least in my mind, of use cases. And it feels like this document is describing the NHIN kind of vision, all of which is laudable good and should be there, but it may be missing some of the broader ideas of the Health Internet. Again, by analogous thinking only, I wish I could be more concrete.

Paul Egerman – eScription – CEO
This is Paul Egerman. That's a good comment you compared to the Internet, because it's basically Internet in terms of technological change. It's really consumer driven. And so if that's our analogy, you would have a greater emphasis on patient engagement.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
That's a great point.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Let me just feed on that there. So the NHIN does conjure up, I don't know what it conjures up, but it feels fairly tethered. I think the Health Internet does feel much more free ranging and consumer empowering, but I think it's missing a vision, a direction. So the Internet grew up in the absence of, a vision got placed on top of the Internet in a sense or what it enables. Do we want to be more proactive, and it goes back to this learning system, to learn about "what the metaphor" is for what we're trying to create? That's just a question.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. I think to me the answer is yes, but I'm at a loss to exactly express it in a clean sentence. I mean it has to do with consumer engagement and consumer empowerment, and I know those are phrases that we'd like to probably stay away from, they're kind of worn out. But the combination of access, of transparency, of exposure to transactional capabilities that wasn't there before, with the

disruption of the efficiency that occurs when you have scale like the Internet. All of those things have completely changed our commerce in the way we manage our lives. The same thing ought to happen in healthcare, and HIT is absolutely critical to that. How to capture that in a sentence, I don't know.

Art Davidson – Public Health Informatics at Denver Public Health - Director
Paul, would you mind doing the question again, I don't understand the question you're asking?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I can follow up to what David just said then, you were saying look what it's done to eCommerce, etc., etc. So what is "supposed to do" for health? I think what consumers are on there for is to achieve better health. It could be for themselves, it could be their family members, etc., but then when you drill down, well how do we do that?

One, we certainly give them access to information, but we also have to give them access to knowledge to do something with that information, and tools to incorporate it into your life. So for example with that kind of a vision, we can incorporate, if they want knowledge, what can I do if I have condition "X," we need to generate that knowledge. Part of the resource we need in order to generate that knowledge is access to health information, access to the science, etc., and those for the people who create that new knowledge, let's say researchers.

We also need to understand how do we deploy this knowledge and that might be involved in the delivery system or the health service research. So there's a lot of things that's enabled, but I think we almost need as you say, what we intend to do with this resource and the connectivity. And then we can drill down and figure out what should the Federal Government help us do?

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst
This is Steve Findlay, I joined the call late, I'm sorry, I agree with all that. I think in terms of writing a document, I just wanted to make the point that any and all opportunities we can take to make analogies to how the Internet, and Health 2.0, and new tools that we all have access to, mobile technology, visual technology, etc., etc.; any analogy we can make to how all of that has changed our lives in other ways, how we book trips, how we do this, how we do that, etc., etc., bank, to the healthcare space is going to make this document resonate for I think ...

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
This is Mark Frisse, and I would concur with that, but I would ask you to advise in the following, all of us have lived through the evolution of this to various degrees of closeness, and if you'll go back to 1989/1992 ... none of us had any idea where this was going to go. We have a tremendously unconstrained system in what Tim Earnest envisioned and John Doerr envisioned and everybody else back then, was very different than what happened. We've come to a good place. We didn't come to a good place because we tried to predict in 1989 all of the things we did. We worked within constraints of what could or could not be done, and it turned out just about anything could be done.

The difference between the Internet story and the healthcare technology story is we're operating under additional constraints. And we're operating with a certain degree of risk and that we find unacceptable in the healthcare world, but in the world of Internet fraud and stuff seems to be acceptable.

So if we focus on the constraints and the intent again of the Congress to what healthcare in America should be and say within those constraints, we have that same degree of innovation, that would be great. But I am often reminded in these kind of points that the Internet was not developed by a congressional committee or by a single working group, it was a lot of hard work over many years. How can ONC

jumpstart this thing by framing up the four or five major problems and say, "Here is where we can help, here is where we can partner, here is where we can stay out of the way," that to me is the role of the Federal Government in this sort of thing.

Art Davidson – Public Health Informatics at Denver Public Health - Director
Paul, this is Art. I'd like to maybe pick up on this discussion about the Federal Government and its role. There's a paragraph on the fifth page, just before the strategic themes that talks about the government's role. And I have over the last week at the HIMSS conference, had a discussion with a number of public health colleagues where we're concerned about some potential Federal Government role. The approach that is being used, a suggested approach for bio-surveillance, is that doctors would use NHIN direct to connect directly to the CDC, and the CDC is suggesting that as a method.

We all know that healthcare happens locally and a lot of the effort of high tech is to promote the exchange of data in local, regional, and state environments. The concept that there would be a direct connection between a doctor and a Federal Agency is of concern to the local and state public health entities and also I think it would be of concern to the local and state HIEs.

We're talking about the Internet here or other sorts of large bodies that promote exchange of information. I like to think about maybe the telecommunications industry. And earlier on, the NHIN was described as a dial tone, but you need a carrier to get to that dial tone or a carrier to get to the Internet. And the carrier for instance, Verizon, my carrier, they have a network that exists all across the country that provides a way for me to get to the dial tone, but I need a local environment that allows me to authenticate to be authorized to sell services.

So I'm worrying that maybe, and this is the concern of these public health colleagues, that there's an unintended consequence where government may actually be solving some of its problems, the Federal Government, bio-surveillance being one of them, where it undermines the ability for a local environment to create the infrastructure established authentication, authorization, services that are needed in the local environment to create the HIE broadly. So I bring this to the group to see if there's something that maybe we should insert into this document somewhere. I think that in some ways it's a little bit parallel to what Don was saying earlier.

And the other comment is that, there are these federal approaches that may have an unintended consequence that in some way restricts our ability to make this thing happen.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Art, this is Paul, I'm just making an observation to talk about physicians connecting directly to a Federal Agency, and they already do that at least in the claim forms with CMS. There's a lot of confidential information in those claim forms.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
This is Mark. I would agree with both positions, but when we're looking at new technologies and new things, I think the central position I would take were I at ONC is that I cannot resolve that debate. All I can do is honor the guidelines and let the debate work itself out in the public interest, and if you will, coordinate and enable that debate as much as possible, but not be overly prescriptive.

I think just like the federalist paper issues are still with us two and a half centuries later. Some of these issues are going to take a long time to work out and ONC has to stay very focused on the principles, and if you will, the barriers and guidelines and the enablers, but not try to solve through its own internal

processes all the debates, and as Art points out, are far more extent and numerous than anything any single group can do.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes, this is David, I would agree, it would be I think wrong to try to mandate a particular state or regional architecture as part of this approach. I think you mandate connectivity and openness and standards and then let a combination of market and regulatory forces overtime figure out the best organizational structure.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I agree with that.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
I don't have this in memory as well as I should in hand, but I think the point about unintended consequences is part of that learning, and we can have unintended consequences at the policy level as well that need to be continued to be kept in mind, not just trying to set it up so the system can learn.

Jodi Daniel – ONC – Director Office of Policy & Research
This is Jodi, I just want to follow up on Mark Frisse's point, because I think it was a really good point, as we're kind of merging into what is the federal role, our second topic here; which is, and this is a question for the group, where the Federal Government should be acting and have we captured that appropriately? And this document is a strategic plan, and obviously they're a kind of policy inherent in that, not setting the individual polices for how this all will work, but the plan for how we will facilitate certain activities from happening, facilitate certain policies discussions to happen, etc.

So just in looking at, and Mark said that much better than I just did, but in looking at the federal role, since this eventually will seat at ONC strategic plan, just trying to get thoughts from the group on what are the things the Federal Government should be doing or even should not be doing that will help meet our vision and our objective and have we got those captured here? Is there anything in here where the Federal Government should not take a role where we've put a strategy down, but maybe we should monitor? Or are there things where the Federal Government really can take a leadership role to help kind of move the debate and move the innovation, whatever it is, that is not yet captured in here? Just sort of looking at it from that perspective, and thank you, Mark, for that point.

Art Davidson – Public Health Informatics at Denver Public Health - Director
That's an excellent point. This is Art, again, Jodi, I agree. There's a line in this paragraph on page five, it's like in the middle of the paragraph, it says, "The government also has a role to play when information asymmetries enter the development of a private market." And I think the Federal Government wants to do that, but this example that I gave is creating an asymmetry that's hindering the development of a private market when the doctors speak directly without having to use the HIEs that you're promoting.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
So wait, can you explain that a little bit more on how, what the Federal Government is doing, as I think what you described as undermining the local efforts?

Art Davidson – Public Health Informatics at Denver Public Health - Director
Right, so what needs to happen to create an HIE with many providers and organizations playing a role is to establish this process of authentication, authorization, creating services, and creating the exchange in that local environment that then connects to NHIN. If everybody is going to connect to NHIN, who's going

to manage all that identity? Who's going to go down to a Verizon Store and say, "It's me, this is my social security number, give me a phone, I'll pay you?" Who's going to do all that at a national level?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
This is David. I don't think that even though HIEs are funded in the law, I don't think that we know that that is the right organizational structure for the long run, and there will be plenty of entities that can provide authentication services. I can get on the Internet, authenticated, because I have a local ISP, but I can connect to anybody for whatever service I need. I'm not prevented from connecting to a national bank because some law requires that banks be regional. I mean at one point they did and that was a bad idea.

Art Davidson – Public Health Informatics at Denver Public Health - Director
No, I agree with you, but the point is that right now for you to get on, you have an ISP, you've gone through that process, and the same thing happens with telecommunications. I think that right now, what the Federal Government has invested in is something that I think the Federal Government or one of the Federal Agencies maybe undermining. And it maybe that it's not the right thing, but that is what we have right now. Ultimately, it maybe something very different, but isn't this not the path that ONC is taking?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
I think the NHIN direct still requires, it obviously doesn't, there's not very much there yet, but I think the direction they're headed is that it would require a local authentication and credentialing step, and local credentialing at a minimum, but what you can connect to would not be restricted to local. So you have to be authenticated to get onboard, but then you can't preclude people from connecting to remote, non-regional resources.

Art Davidson – Public Health Informatics at Denver Public Health - Director
No, I'm not saying that you should be precluded from there, I'm just saying establishing that initial authentication and authorization is something that must occur locally. How would anybody in a Federal Agency know that I am who I am?

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes, I think that the model is, that that would be delegated out to entities which could be anything from the state medical society, to an HIE, to a vendor, or to whoever can qualify essentially and meet the standards.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
As I look at it, the whole issue of authentication is that's too detailed an issue for the strategic plan.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes, agreed.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
If we back up for just a minute, because I think what we're trying to look at is, is a principle here. I think that for example if I look back about eight/ten years ago when SNOMED was coming along and starting to emerge as really probably the best classification for some of this, during Tommy Thompson's tenure as secretary.

At that point there have been years of discussion and sort of the flow, and then it seemed to come to a point where people sort of said, "You know, this is a good thing, and we really ought to make a government statement and initiative here," and that was done. Now many of us wish that we had

licensed it free to the world instead of just the U.S., but so it wasn't perfect. But the point I'm making is I think, and you're talking about a specific area now as the movement of this new initiative moves forward. I think there are times when the Federal Government really can play a key role after letting the dialogue happen, as Mark so nicely stated, but at some point I think also it can step in at that point.

And it's still is not like you're perfect and you'll never look back with some regrets, but you'll still will see that on balance it's moved things in the right direction, so I think there is that environmental scanning and letting the dialogue and such come; but at a certain point, I think also action really can move things forward and that I think is a federal role.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
And I think that's what's intended to be captured in the sentence that was called out.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Yes. And I think it does, but maybe even a couple of examples and footnotes or whatever might help.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Good idea.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
So I think we have sort of discussed a comprehensive set of strategy sort of questions. We just finished the federal—

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Paul?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
This is Patti, I had to slip off for just a moment there, and I just missed, what was the decision about where this long conversation is going to show up in the document?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Which one, the federal role or the learning system?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I was hearing a blending between unanticipated consequences, the need for clairvoyance, and the need to create principles that might allow a variety of features that we can't project now. And then the federal role specifically around the tensions of the private sector stimulation and public goods.

And it seems to me that going back to Don's opening comments this morning, what we're really talking about is wanting to broaden the vision a little bit to at least allow for enabling. I appreciate the comment that was made earlier about enabling comments.

And the second thing that seems appropriate is that in our vision statement that we include, I don't even know if we can go so far as to recommend a check back to the strategic plan or sort of a monitoring scheme that will basically look for the unintended consequences in a proactive way rather than in five years say, "Oops." And I'll leave that to you and Jodi to sort of think about where it might go.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Well actually, I think we need the sense of the group for what is the closure to this discussion. We all sort of recognize what we would like to have happened and would like to avoid. I'm not sure exactly how to articulate that as the recommendation from this group.

Art Davidson – Public Health Informatics at Denver Public Health - Director
So Paul, I think this fits inside the learning health system theme. And mostly the principles now talk about diagnosis treatment and decision making to improve health outcomes, but maybe it's something about understanding the impact of the various pieces that are being implemented in this high-tech approach to transforming our system. And it's more a system level rather than at the level of an individual who has a diagnosis, being treated, and someone's making a decision for them or with them.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Yes, I think the policy principle is that we want to constantly look at what makes sense for individuals, but also what makes sense for the patients.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Is there a strategy for how to do that? I mean that's always the goal to create some public good without unintended harmful side effects. So what's the strategy for executing that?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Lots of prayer.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Constant vigilance.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
I'm sorry, I wasn't trying to be cute, but I think it's tough. I mean the point is you have to keep looking at it. You got to be just thoughtful overtime.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
The only thing I can think of is whether or not you need some strategy about, it's an odd thing to say, to alter the strategy as you go. Yes, so that's the vigilance thing.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
It's either vigilance or learning, but it just seems like to me, the ... discussion as I think about it, I look at what we're trying to do with themes one/two/three, and those are appropriate things for the government to do, and theme four, which is a little bit more general is also appropriate to be more general. So somehow I think the government is probably not really good at clairvoyance. It's hard to predict how all this is going to happen, but either in theme four or someplace else where you're going to say, part of what you've really got to do here is constantly re-evaluate. It's a process.

Jodi Daniel – ONC – Director Office of Policy & Research
In that mind, Paul, I think we have that in theme four, if you look at the strategy one. It talks about continuously evaluating successes and lessons learned.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Okay, then I think we've got it.

Jodi Daniel – ONC – Director Office of Policy & Research

And incorporating in said practices. So I'm wondering if we actually have that captured or if we need to maybe just kind of sweep that or modify that to capture this. But I think that we have talked about that and we have it sort of addressed or we intended to address that in the strategies.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
I think you have addressed it.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I think it addresses it quite well.

Art Davidson – Public Health Informatics at Denver Public Health - Director
So I think it does too. I just wonder if, I mean it looks, the way that it's worded right now is stated in a very positive sense, and I wonder if successes, unintended consequences, and lessons learned, so that it allows us to say that not everything is going to be rosy.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
I always interpret it as lessons learned to be equal to screw ups.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
Yes.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
That's just used as the modern way of saying errors.

David McCallie – Cerner Corporation – Vice President of Medical Informatics
... right.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
... just work.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
The same thing like opportunities.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Lessons learned to opportunity.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I think, so as Mark Frisse started out, we incorporated a whole lot into this document and I think actually our discussion we have covered and accounted for the topics we've talked about in the discussion. What we haven't done is put this discussion in preamble so other people can know what we considered, what we were concerned about, and what we were hoping for, and maybe that's a big piece of what we need to add to the document.

So we were clairvoyant in a sense in putting these points and reducing these points into writing, but we didn't make clear how someone who's unfamiliar with this document, what were we thinking and what were we worried about?

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
Paul?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
This is Steve Stack, so do you insert after the title page and before the background in charge? Do you insert essentially a little one-page cover letter?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I think or a preamble to either the whole document to describe the vision and where we're headed and perhaps a shorter version to introduce each theme and how does that contribute to the learning health system?

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
We can always do more, and it all depends how, I mean, I'm sure people can do it wonderfully anyway, but it may even be enough if someone took and extracted in a few paragraphs and you caught a preamble and it probably fits more this type of document than a cover letter.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
But it just essentially identifies that the goal is to capitalize on the promise of these technologies, while at the same time preserving the rights of the individual. And having all aspects of it learn and adjust, both to the great new things we did not anticipate, and also take action on those things that were unintended that we can learn from and modify to improve. But perhaps in a nice tight preamble, you can put all the context you need at the frontend.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
And then people can read the rest and it stands on its own two feet.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
No, it's a good idea. It's been a very rich discussion and also a well articulated one, so thank you so much.

Seth, do you have the information to help reduce some of these things? And actually some transcripts actually might be very helpful.

Seth Pazinski – ONC – Special Assistant
Yes, I think the key is just to try to get a rough transcript as quickly as possible.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes.

Seth Pazinski – ONC – Special Assistant
So we can try to get some of this incorporated for the policy committee.

Jodi Daniel – ONC – Director Office of Policy & Research

And yes, if we can get some of it into the preamble I think it would make folks feel more comfortable and we can take some of the language that we just heard to do that and just circulate it around to folks before the policy committee meeting.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes, there was some beautiful worded comments here.

Jodi Daniel – ONC – Director Office of Policy & Research
Yes, I'm thinking we could steal shamelessly from some of the great ... that we heard today.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes, that's why I asked about transcripts, because people did make eloquent comments here. And in fact, I think that is part of our third topic area, communication. I think this discussion was all about communication, communicating our intent, and so as Steve just nicely said a tight preamble, but set up the entire document and the strategic plan would work wonderfully.

The other topic area that we consider as priorities and I think it's almost been implicit in this discussion, but maybe open that up for a combination of communication and priorities, because I think it's sort of wrapped together. What do folks feel in terms of main messages to project in this document unless it's exactly what Steve just recently recapped for us?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
This is the first moment we've been speechless.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I'm not exactly sure what you're asking.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
With every document, there's sort of a main message, and I think as a result of this discussion it has placed the document in context of the main message which says, there's a lot of good to be done that requires establishing an infrastructure, making sure we make this rich resource available as to the standards, etc. And from a public policy, Federal Government role, make sure that what we do is enabling, and to the extent we can, try to avoid things that have an unintended negative consequence to good work being done, let's say in a more regional aspect, the more local way.

So it's forward-looking, understanding the vision of a learning health system, understanding what it takes to create that, and understanding what the Federal Government's role is. I think Steve said it better than I just did, but ...

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Well, I think that there might be issues related to the sort of short point messages that might be important to break off separately from the key points we want the people who study the document to take hold of these. And so I guess what I would recommend is that we think about what does each message from this.

And I think as we work, the vision statement is really pretty good, it basically says, in order to have a great healthcare system, we have to have a great IT to support it. And the purpose of the document to invent the principles and guidance, we're putting a foundation into that.

The other nuances which I think are critical, what I was hearing today was in attention to altruism and recognition of some of the important tensions and need to balance the ongoing learning with some real progress, actually build something.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Any other comments people have about the overall document?

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Going back to Patti's comments, I think on balance it's well done.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes.

Art Davidson – Public Health Informatics at Denver Public Health - Director
I concur, yes.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I'd almost end the conversation the way Mark Frisse started it out, which is there's a lot of good work by a lot of people in this document, and what we've done is we've sort of created a preamble of why do we need this thing? And I think if with that context it turns out that we enumerated a number of the principles and the strategies needed to make what we envision come true.

Other final comments, Jodi, the group?

Jodi Daniel – ONC – Director Office of Policy & Research
This has been a really great discussion, I'm glad we spent a lot of time in the weeds. I'm glad we brought it up a level and had some really good thought that can I think really help us frame this in a way that makes it much more, both understandable to folks who haven't been involved in all of our detailed meetings, as well as sort of communicating how this all works together and helps to meet the vision that we started talking about a few months back. So this has been a great discussion and I'm really appreciative of everybody's contributions.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Anything else? I want to echo that, it really was a very thoughtful discussion, thank you so much. And we will try to incorporate some of your words, some literally, and some with some editing into the preamble for this.

Jodi Daniel – ONC – Director Office of Policy & Research
Paul, should we talk a little bit about the policy committee meeting next week and what we'll present to them and sort of next steps?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
With regard to this document?

Jodi Daniel – ONC – Director Office of Policy & Research
Yes, with regard to this document.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Sure. And I think Judy put out a schedule, is that something you want to review?

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes, actually I just sent it to you, Paul, I haven't distributed it, so it's pretty much open. What I have on it right now is maybe some discussion about those final recommendations on the regulations, and then the NHIN workgroup, I know they're having a report, and then this workgroup's report.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I think Jodi was asking about this particular document in this workgroup, right?

Judy Sparrow – Office of the National Coordinator – Executive Director
Right, but on the agenda for the 17th.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Let me see here.

Jodi Daniel – ONC – Director Office of Policy & Research
Judy, how much time did you put down for this workgroup?

Judy Sparrow – Office of the National Coordinator – Executive Director
Right now I've got it at 45 minutes, but it's yours to enlarge or compress.

Jodi Daniel – ONC – Director Office of Policy & Research
Okay.

Judy Sparrow – Office of the National Coordinator – Executive Director
It doesn't matter at this point.

Jodi Daniel – ONC – Director Office of Policy & Research
Okay, so let's just talk about what we want to accomplish and then we can figure out how much time we need.

Judy Sparrow – Office of the National Coordinator – Executive Director
Right.

Jodi Daniel – ONC – Director Office of Policy & Research
So it seems—

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Well, I'll have to—

Jodi Daniel – ONC – Director Office of Policy & Research
Go ahead. Paul?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
I don't know that we want to take everybody on this calls time with this, but what we could do is review where we're going with this. I think there's a listening session on April 6th. So we're presenting an update of this document to the full committee next week, and then there's a listening session on April 6th, and we'll incorporate, presumably we'll meet with this group again following the listening session to incorporate any updates into our final document in May, correct?

Judy Sparrow – Office of the National Coordinator – Executive Director

That's what I thought.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Yes.

Jodi Daniel – ONC – Director Office of Policy & Research
That's my understanding also.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Okay, so we'll have to schedule another call of this group after the public listening session on the 6th, right?

Judy Sparrow – Office of the National Coordinator – Executive Director
Right, right.

Jodi Daniel – ONC – Director Office of Policy & Research
And we have one, Seth has just said, we have one on the 13th of April.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Okay.

Jodi Daniel – ONC – Director Office of Policy & Research
So that'll be a week following.

Judy Sparrow – Office of the National Coordinator – Executive Director
No, we don't.

Jodi Daniel – ONC – Director Office of Policy & Research
Okay.

Judy Sparrow – Office of the National Coordinator – Executive Director
That was rescheduled to the 6th, which is the listening session. We don't have another one until, oh, Lord, we don't have another one, but we can certainly schedule one. We can do that offline.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Okay. And will this group participate, I mean obviously everybody is welcome to listen in, but did you think about this group participating in the listening session?

Jodi Daniel – ONC – Director Office of Policy & Research
I think that would be ideal that the folks who have spent a lot of time working on this document, I think the hope was that folks would be on the phone listening to the comments that we receive so that we can then have a conversation and try to figure out what we need to incorporate, what we've heard, that sort of thing. So I think that would be the idea if folks that anybody who is able to participate should plan to and hear what we hear from the public.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Some details on how to access that would be appreciated, you guys have done a nice job on that.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO

So that's using the same phone number it looks like from 9:00 to 12:00 my time, which means it's 12:00 to 3:00 on your time, the east coast time anyway. Yes, but we'll send out information.

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
Paul or Jodi or Judy, someone to clarify, this is Steve Stack, so do we have that April 6th call or is that now dropped?

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
It turned into the listening session.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
Okay, very good, thank you.

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes. And I'll have to send out more information on it very, very soon.

Steven Stack – St. Joseph Hospital East – Chair, ER Dept
Wonderful, thank you.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Okay. Thank you very much to the workgroup members for investing your time in this whole process and for this wonderful discussion we've had this morning. And Jodi, maybe I'll call you or Judy, who do you want we to call to follow up on the schedule?

Jodi Daniel – ONC – Director Office of Policy & Research
...

Judy Sparrow – Office of the National Coordinator – Executive Director
I can come over to Jodi's office, we can all talk.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Okay, great.

Judy Sparrow – Office of the National Coordinator – Executive Director
Okay, and maybe right after this conversation since we all have the time.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Right. Well, thank you, everyone.

Jodi Daniel – ONC – Director Office of Policy & Research
Wait, wait, wait, public comments.

Judy Sparrow – Office of the National Coordinator – Executive Director
Oh, yes, public comments.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Sorry, sorry, sorry.

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes, operator?

Jodi Daniel – ONC – Director Office of Policy & Research
Thank you, Paul.

Judy Sparrow – Office of the National Coordinator – Executive Director
Could you ask, please.

Moderator
For those who are on the phone, to make a public comment, for those listening over the computer, please dial 1-877-705-2976,

Judy Sparrow – Office of the National Coordinator – Executive Director
It doesn't sound like we have any public comment, Paul.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Okay. Well thank you, everyone, and see you next time.

Judy Sparrow – Office of the National Coordinator – Executive Director
Thank you.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics
Thanks, folks.

Art Davidson – Public Health Informatics at Denver Public Health - Director
Thank you, Paul.

Judy Sparrow – Office of the National Coordinator – Executive Director
Goodbye.

Paul Tang – Palo Alto Medical Foundation – Internist, VP & CMIO
Goodbye.